

U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS
ATTORNEY APPEARANCE FORM

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of
 Florence Suchomski

Case Number: 08-cv-2880

v.

The Hartford Life Insurance Company, and Dress Barn
 Incorporated Group Long Term Disability Plan

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:

Hartford Life Insurance Company and Dress Barn Incorporated Group Long Term
 Disability Plan

NAME (Type or print)	
Alexander D. Talcott	
SIGNATURE (Use electronic signature if the appearance form is filed electronically)	
s/ Alexander D. Talcott	
FIRM	
Chittenden, Murday & Novotny LLC	
STREET ADDRESS	
303 W. Madison Street, Suite 1400	
CITY/STATE/ZIP	
Chicago, IL 60606	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS)	TELEPHONE NUMBER
6294715	312-281-3600
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS.	
RETAINED COUNSEL <input type="checkbox"/>	APPOINTED COUNSEL <input type="checkbox"/>